FORM'D



308815

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

10V 1 5 2004

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

213

UNIFORM LIMITED OFFERING EXEMPTION

ONDALL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden hours
per response 1.00

OMB ADDDOMAL

SEC USE ONLY							
Prefix	-	Serial					
DATE RECEIVED							

Name of Offering (☐ check if this is an amendment and name has changed, and indicate change.) Lotus China Fund, L.P.						
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Se	ction 4(6) ULOE					
Type of Filing: ☑ New Filing ☐ Amendment						
A. BASIC IDENTIFICATION	DATA					
1. Enter the information requested about the issuer						
Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.) Lotus China Fund, L.P. (the "Fund")						
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)					
Address of registered office: c/o Walkers SPV Limited, Walker House, PO Box 908GT, Mary Street, George Town, Grand Cayman, Cayman Islands						
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)					
(if different from Executive Offices)	(626) 376-8182					
Address of manager: c/o Lotus Capital Management Ltd., 805 West Duarte Road, Suite 101, Arcadia, California 91007						
Brief Description of Business	1626) 376-8182 PROCESSED NOV 1 5 2004 E THOMSON					
Investments.	NOV 1 6 2004 —					
Type of Business Organization						
☐ corporation ☐ limited partnership, already formed ☐ other (please specify	THOMSON					
□ business trust □ limited partnership, to be formed	FINANCIAL					
Actual or Estimated Date of Incorporation or Organization: 1 0 4						
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada: FN for other foreign invisidation)						

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02) 21820510v1

~~~

## Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☑ General and/or Managing Partner Full Name (Last name first, if individual) Lotus Capital GP Ltd. (the "General Partner") Business or Residence Address (Number and Street, City, State, Zip Code) c/o Lotus Capital Management Ltd., 805 West Duarte Road, Suite 101, Arcadia, California 91007 Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner ☐ Executive Officer ☑ Director\* ☐ General and/or Managing Partner Full Name (Last name first, if individual) Huang, Brad Business or Residence Address (Number and Street, City, State, Zip Code) c/o Lotus Capital Management Ltd., 805 West Duarte Road, Suite 101, Arcadia, California 91007 ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ General and/or Managing Partner Check Box(es) that Apply: ■ Director\* Full Name (Last name first, if individual) Ishizaka, Yasumasa Business or Residence Address (Number and Street, City, State, Zip Code) c/o Lotus Capital Management Ltd., 805 West Duarte Road, Suite 101, Arcadia, California 91007 Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner ☐ Executive Officer ☐ General and/or Managing Partner ☐ Director Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: □ Promoter □ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner Check Box(es) that Apply: ☐ Promoter ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) \* of the General Partner.

A. BASIC IDENTIFICATION DATA

.

Enter the information requested for the following:

Each promoter of the issuer, if the issuer has been organized within the past five years;

|           |                       |                          |                           |               |                                | B. INF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | UKMATI(                       | <u>ON ABOU.</u>                         | OFFERI          | NG            |              |              |                                                | **          |          |
|-----------|-----------------------|--------------------------|---------------------------|---------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------|-----------------|---------------|--------------|--------------|------------------------------------------------|-------------|----------|
| ~ "<br>   |                       |                          | والمستحال المستحا         | :             | am d 4a aall                   | <b>.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | مرسن ادماناده                 |                                         | - <del>CC</del> |               |              |              |                                                |             | No<br>ro |
| 1. H      | ias the i             | issuer sold              | , or does th              | ie issuer int |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | Stors in this<br>Column 2,              | •               |               |              |              |                                                |             | ×        |
| 2. W      | What is a             | tha minim                | um invecto                | sent that wi  |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ••                            | ,                                       |                 |               |              |              |                                                | \$5,000,0   | ነበብ*     |
|           |                       |                          |                           | right to acc  |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                         | **************  |               |              |              |                                                |             | No       |
|           |                       |                          |                           | •             | •                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                         |                 |               |              |              |                                                |             |          |
|           |                       |                          | -                         |               |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                         |                 |               |              |              |                                                |             |          |
| so<br>re  | olicitati<br>egistere | on of purc<br>d with the | hasers in co<br>SEC and/o | onnection v   | vith sales of<br>te or states, | securities in the securities i | in the offeri<br>ne of the br | ng. If a per<br>oker or dea             | son to be lis   | sted is an as | sociated pe  | rson or age  | nilar remune<br>nt of a broke<br>are associate |             | such a   |
| Full Na   | ime (L                | ast name f               | irst, if indi             | vidual)       |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                         |                 |               |              |              |                                                |             |          |
| Not app   | plicable              | <b>)</b> .               |                           |               |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                         |                 |               |              |              |                                                |             |          |
|           |                       |                          |                           |               |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                         |                 |               |              |              |                                                |             |          |
|           |                       |                          |                           |               |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | _                                       |                 |               |              |              |                                                |             |          |
| Name c    | of Asso               | ciated Bro               | ker or Dea                | ler           |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                         |                 |               |              |              |                                                |             |          |
|           |                       |                          |                           |               |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                         |                 |               |              |              |                                                |             |          |
| States in | n Whic                | h Person I               | Listed Has                | Solicited or  | Intends to                     | Solicit Purc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | hasers                        |                                         |                 |               |              |              |                                                |             |          |
| (C        | Check "               | All States               | or check i                | individual S  | tates)                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | *************************************** |                 |               |              |              |                                                | ☐ All State | es       |
| ~         | AL]                   | [AK]                     | [AZ]                      | [AR]          | [CA]                           | [CO]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | [CT]                          | [DE]                                    | [DC]            | [FL]          | [GA]         | [HI]         | [ID]                                           |             |          |
| [1]       | -                     | [IN]                     | [IA]                      | [KS]          | [KY]                           | [LA]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | [ME]                          | [MD]                                    | [MA]            | [MI]          | [MN]         | [MS]         | [MO]                                           |             |          |
| را)<br>R] | AT]<br>en             | [NE]<br>[SC]             | [NV]<br>[SD]              | [NH]<br>[TN]  | [NJ]<br>[XT]                   | [NM]<br>[UT]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | [NY]<br>[VT]                  | [NC]<br>[VA]                            | [ND]<br>[WA]    | [OH]<br>{WV}  | [OK]<br>[WI] | [OR]<br>[WY] | [PA]<br>[PR]                                   |             |          |
|           |                       |                          | rst, if indiv             |               | [171]                          | [01]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | [ * 1 ]                       |                                         | [ ((2)          | [** *]        | [ ** 1]      | [ ( 1 ]      | րո                                             |             |          |
|           |                       |                          |                           |               |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                         |                 |               |              |              |                                                |             |          |
| Busines   | s or Re               | sidence A                | ddress (Nu                | mber and S    | treet, City,                   | State, Zip C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Code)                         | -                                       |                 |               |              |              |                                                |             |          |
|           |                       |                          | `                         |               |                                | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ŕ                             |                                         |                 |               |              |              |                                                |             |          |
| Name o    | f Assoc               | ciated Bro               | ker or Deal               | er            |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | _                                       |                 |               |              |              |                                                |             |          |
|           |                       |                          |                           |               |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                         |                 |               |              |              |                                                |             |          |
| States in | n Whic                | h Person I               | isted Has S               | Solicited or  | Intends to                     | Solicit Purc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | hasers                        | _                                       |                 |               |              |              |                                                |             |          |
|           |                       |                          |                           |               |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                         |                 |               |              |              |                                                | □ All State | 25       |
| ,         |                       |                          |                           |               | *                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                         |                 |               |              | [HI]         |                                                | J           |          |
| [II       |                       | [IN]                     | [IA]                      | [KS]          | [KY]                           | [LA]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | [ME]                          | [MD]                                    | [MA]            | [MI]          | [MN]         | [MS]         | [MO]                                           |             |          |
| []\       | /T]                   | [NE]                     | [NV]                      | [NH]          | [NJ]                           | [NM]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | [NY]                          | [NC]                                    | [ND]            | [OH]          | [OK]         | [OR]         | [PA]                                           |             |          |
| [R        |                       | [SC]                     | [SD]                      | [TN]          | [TX]                           | [UT]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | [VT]                          | [VA]                                    | [WA]            | [WV]          | [WI]         | [WY]         | [PR]                                           |             |          |
| Full Nai  | me (La                | ist name f               | irst, if indiv            | ridual)       |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                         |                 |               |              |              |                                                |             |          |
|           | T                     |                          |                           |               |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | **************************************  |                 |               |              |              |                                                |             |          |
| Busines   | s or Re               | sidence A                | ddress (Nu                | imber and S   | Street, City,                  | State, Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Code)                         |                                         |                 |               |              |              |                                                |             |          |
|           |                       |                          |                           |               |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                         |                 |               |              |              |                                                |             |          |
| Name of   | f Assoc               | ciated Brol              | ker or Deal               | er            |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                         |                 |               |              |              |                                                |             |          |
|           |                       |                          |                           |               |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | _                                       |                 |               |              |              |                                                |             |          |
|           |                       |                          |                           | Solicited or  |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                         |                 |               |              |              |                                                |             |          |
|           |                       |                          |                           | ndividual S   |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                         |                 |               |              |              |                                                | ☐ All State | S        |
| A]<br>[I] |                       | [AK]                     | [AZ]<br>[IA]              | [AR]          | [CA]<br>[KY]                   | [CO]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | [CT]                          | [DE]                                    | [DC]            | [FL]          | [GA]         | [HI]         | [ID]                                           |             |          |
| _         | -)<br>(T)             | [IN]<br>[NE]             | [NV]                      | [KS]<br>[NH]  | [NJ]                           | [LA]<br>[NM]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | [ME]<br>[NY]                  | [MD]<br>[NC]                            | [MA]<br>[ND]    | [MI]<br>[OH]  | [MN]<br>[OK] | [MS]<br>[OR] | [MO]<br>[PA]                                   |             |          |
| [R        |                       | [SC]                     | [SD]                      | [TN]          | [TX]                           | [UT]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | [VT]                          | [VA]                                    | [WA]            | [WV]          | [WI]         | [WY]         | [PR]                                           |             |          |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box  $\square$  and

indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Type of Security Aggregate Offering Price Sold Debt \_\_\_\_\_ \$0 Equity ☐ Common □ Preferred \$0\_ Convertible Securities (including warrants) Partnership Interests \$100,000,000\* \$16,050,000 \_\_\_\_)..... \$0 Other (Specify Total ..... \$100,000,000 \$16,050,000 \* The General Partner retains the right to accept total capital commitments in excess of this amount Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases \$16,050,000\_\_\_\_ 7 Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of Security Sold Type of offering Rule 505. Regulation A Rule 504 Total ..... a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees **S** \$0 Printing and Engraving Costs.... ¥ \$0\_\_\_\_ Legal Fees × \$\*\_\_\_\_ Accounting Fees \_\_\_\_\_ **≥** \$0 Engineering Fees **≥** \$0 Sales Commissions (specify finders' fees separately)..... × \$0 **≥** \$\* Other Expenses (identify) v \$750,000\* Total

\* The Fund will bear all legal and other expenses incurred in the formation of the Fund and the offering of the interests, up to an amount not to exceed \$750,000.

| b. | Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."  \$99,250,000                                                                                                                                           |                                                                                           |                                                        |                                                            |  |  |  |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------|--|--|--|
| 5. | Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. |                                                                                           |                                                        |                                                            |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                           | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments To<br>Others                                      |  |  |  |
|    | Salaries and fees                                                                                                                                                                                                                                                                                                                                                                             |                                                                                           | <b>■</b> \$2,000,000 <b>*</b>                          | LI\$                                                       |  |  |  |
|    | Purchase of real estate                                                                                                                                                                                                                                                                                                                                                                       |                                                                                           | □\$                                                    | U\$                                                        |  |  |  |
|    | Purchase, rental or leasing and installation of machinery and equip                                                                                                                                                                                                                                                                                                                           | oment                                                                                     | □\$                                                    | U\$                                                        |  |  |  |
|    | Construction or leasing of plant buildings and facilities                                                                                                                                                                                                                                                                                                                                     |                                                                                           | П\$                                                    | (1\$                                                       |  |  |  |
|    | Acquisition of other businesses (including the value of securities i used in exchange for the assets or securities of another issuer purs                                                                                                                                                                                                                                                     | U\$                                                                                       |                                                        |                                                            |  |  |  |
|    | Repayment of indebtedness                                                                                                                                                                                                                                                                                                                                                                     |                                                                                           | □\$                                                    | 1+\$                                                       |  |  |  |
|    | Working capital                                                                                                                                                                                                                                                                                                                                                                               |                                                                                           | u <b>\$</b>                                            |                                                            |  |  |  |
|    | Other (specify):                                                                                                                                                                                                                                                                                                                                                                              |                                                                                           | เร                                                     | ≅ \$97,250,000                                             |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                               | □\$                                                                                       | (1\$                                                   |                                                            |  |  |  |
|    | Column Totals                                                                                                                                                                                                                                                                                                                                                                                 | <b>x</b> \$2,000,000                                                                      | \$97,250,000                                           |                                                            |  |  |  |
|    | Total Payments Listed (columns totals added)                                                                                                                                                                                                                                                                                                                                                  |                                                                                           | <b>X</b> :1 \$99,250,000                               |                                                            |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                           |                                                        |                                                            |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                               | EDERAL SIGNATURE                                                                          |                                                        |                                                            |  |  |  |
| an | e issuer has duly caused this notice to be signed by the undersigned duly undertaking by the issuer to furnish to the U.S. Securities and Exchangen-accredited investor pursuant to paragraph (b)(2) of Rule 502.                                                                                                                                                                             | y authorized person. If this notice is filed<br>e Commission, upon written request of its | under Rule 505, the foli<br>staff, the information f   | lowing signature constitutes urnished by the issuer to any |  |  |  |
|    | uer (Print or Type)                                                                                                                                                                                                                                                                                                                                                                           | Signature Janas Phyl                                                                      | Date                                                   | Frankov 9 2004                                             |  |  |  |
| Lo | lus China Fund, L.P.                                                                                                                                                                                                                                                                                                                                                                          |                                                                                           | ı.                                                     | November 8, 2004                                           |  |  |  |
|    | me of Signer (Print or Type)                                                                                                                                                                                                                                                                                                                                                                  | Title of Signer (Print or Type)                                                           |                                                        |                                                            |  |  |  |
| Br | ad Huang                                                                                                                                                                                                                                                                                                                                                                                      | Director of Lotus Capital GP Ltd., the general partner of Lotus China Fund, L.P.          |                                                        |                                                            |  |  |  |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

<sup>\*</sup> Estimate of twelve months' management fee assuming capital commitments in the amount of the Aggregate Offering Price.